

MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS PROTOCOL

SUBJECT: Cataract Extraction with Intraocular Lens Placement APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/>	Protocol #: PA P146.01 Protocol Pages: 1 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002
MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____ Reviewed by Duane Mitzel, M.D.	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Cataract Extraction with Intraocular Lens Placement.

PROTOCOL:

- A. Cataract Extraction with Intraocular Lens Placement
 CPT#: 66984
 LOS: OP

- B. The prior-authorization specialist may approve if **all** the following are present:
 - 1. Cataract is demonstrated – **AND** –

 - 2. Visual acuity
 - a) best corrected visual acuity in affected eye is 20/50 or worse – **OR** –

 - b) best corrected visual acuity in affected eye is 20/40 or better with the presence of one of the following functional visual handicaps:
 - i. Visual disability fluctuates as a result of environment factors, e.g. effects of glare from oncoming cars) or dim illumination;
 - ii. Impairment of normal daily activities;
 - iii. Complaints of monocular diplopia or polyopia;
 - iv. Visual disparity exist between the two eyes **and/or**
 - v. The patient cannot obtain an unrestricted driving license.

- C. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.

- D. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.

- E. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.